(Consul's copy)

Notification of Medical Rejection

The Migarator Laborer_____
(Name)

Address_____

Has been rejected on this date, the suspicion (or diagnosis) of:_____

_____

Date_____

_____
USPHS, El Centro, California
Bracero Reception Center

(worker's copy)

Notification of Medical Rejection

The Migratory Laborer_____
(Name)

Address_____

Has been rejected on this date, the suspicion (or diagnosis) of:_____

_____

Date_____

_____
USPHS, El Centro, California
Bracero Reception Center